

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042548

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

6082

FILED DEC 14 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in lb
2 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 7 E. 38th St.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas b. COUNTY Wyandotte

c. CITY OR TOWN Edwardsville

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
noneReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
MAUDE CAROLINE COFFEY4. DATE OF DEATH Month Day Year
December 2 1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8-9-1889

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Edwardsville, Kan.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

William Clarence Dodson

13b. MOTHER'S MAIDEN NAME

Melissa Kuhn

14. NAME OF HUSBAND OR WIFE

Holt Coffey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Sarah Dodson

Edwardsville, Ks.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure (Congestive)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Pleural Effusion - Nephritis

DUE TO (c)

Diabetes

INTERVAL BETWEEN
ONSET AND DEATH

4 months

6 months

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Pulmonary Fibrosis Aortic Aneurysm

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-29-62 to 12-2-62 and last saw her alive on 12-2-62
Death occurred at 11:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Cecil G. Cunningham D.O.

22b. ADDRESS

4043 Reso K.C. 10, Mo

22c. DATE SIGNED

12-3-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Dec. 3-62

23c. NAME OF CEMETERY OR CREMATORY

Edwardsville Cemetery

23d. LOCATION (City, town, or county)

Edwardsville

(State)

Kansas

24. FUNERAL DIRECTOR

Alden Harrington & Sons

ADDRESS

Bonner Springs
Kansas

25. DATE RECD. BY LOCAL REG.

12-3-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Cecil G. Cunningham

SEP 1 1934

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by John Howard Harrington, Student Embalmer No. 682

working under my personal supervision.

Student

John H. Harrington
Signature of Student Embalmer

Signed

Donald H. Simmons

Licensed Embalmer No.

5084

P. O. Address

K. C. K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.